

Advinia Care Homes Limited

Netherton Green Care Home

Inspection report

Bowling Green Road
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Netherton Green Care Home provides personal and nursing care to older people, people with physical disabilities and people living with dementia. At the time of our inspection 37 people were living there. The service can support up to 120 people.

Netherton Green Care Home is purpose built and consists of four single story buildings named, Primrose, Windmill, Darby and Saltwells. At the time of our inspection Primrose and Saltwells were closed.

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

The provider had failed to have systems in place to adequately prevent and control infection. The provider did not always safely manage medicines. The provider had assessed people's risks and implemented plans to mitigate this. Staff were recruited safely. People were safe from abuse.

People did not enjoy the food. The design and decoration of the service did not always meet people's needs. The provider ensured assessments of people's care needs and personal choices were completed. The provider worked well with other agencies.

Staff treated people well, with kindness, respect and compassion. People were involved in reviews of their care. People's dignity was respected.

Care plans were person centred and specific to people's needs. People's communication needs were met. People's complaints were managed well.

The provider's governance systems failed to identify poor infection control practices and unsafe medicine management. The provider failed to ensure learning from accidents and incidents was shared. Staff felt supported in their role. People told us the provider communicated with them well.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 17 February 2022) and there were breaches of Regulation 12 (Safe care and treatment), Regulation 17 (Good Governance) and Regulation 18 (Staffing). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in

breach of Regulation 18. However, we found the provider remained in breach of Regulation 12 (Safe care and treatment) and Regulation 17 (Good Governance).

This service has been in Special Measures since 4 January 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Netherton Green 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 inspection was carried out by one inspector, an assistant inspector, a specialist advisor (who was a qualified nurse) and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Netherton Green Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post; however, the manager had begun

the registration process with the CQC.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and four relatives about their experience of the care provided. We spoke with 15 staff including the manager, regional director, clinical services managers, nurses, senior care workers, care workers, domestic staff and kitchen staff.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including the provider's dependency tools, audits and policies and procedures were reviewed.

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 inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the hygiene practices within the home. Although a cleaning schedule was in place, we found some areas of the home were unclean. For example, we found dried food on several side tables and others were sticky due to uncleaned spillages. We saw two bedframes with visible stains on and sharps bins with blood splatter present.
- We found the provider had failed to ensure adequate clinical waste disposal. There were not enough clinical waste bins in place around the home. This meant staff and visitors were unable to safely dispose of clinical waste placing people at increased risk of infection. We found a used facemask disposed of in a general waste bin.
- Where medical equipment was used, the provider was unable to evidence this was cleaned. For example, one person required the use of oxygen. There was no record kept evidencing the associated equipment was cleaned.
- We found a urine bottle placed on one person's side table next to their drinking water.
- Care staff did not always follow the provider's infection control policy. For example, we observed staff wearing facemasks incorrectly. In addition, we observed some staff wearing jewellery and nail polish.
- We looked at the provider's visiting policy and were assured people's friends and family were able to visit safely.

We found no evidence that people had been harmed however, the provider had not taken reasonable steps to protect people from the risk of infections. This placed people at risk of harm. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

At our last inspection we were not assured that all reasonable steps had been taken to reduce risks associated with people's care which placed people at risk of harm. This constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment

During this inspection we found some improvements had been made. However, further improvements were still needed.

- During the last inspection we found the provider had not always protected people from the risks associated with skin damage. During this inspection we found the provider had implemented assessments

to identify and review people's risk of skin damage. However, we found some records relating to the management of people's skin lacked sufficient detail. For example, one person's care records stated the person's skin had been 'checked', but no further information was recorded.

- Another person had suffered skin damage. Their care plan had been updated for staff to follow when caring for the wound. However, their risk assessment had not been updated to include how to reduce the risk of reoccurrence. This meant the person was at increased risk of further skin damage.
- One person was diagnosed with diabetes and had a 'hypo kit' available for staff to use should the person become hypoglycaemic. We found there were missing items from the kit. This meant the person was at increased risk in the event of a hypoglycaemic episode.
- During the last inspection we found the provider had not always analysed incidents in which people were distressed to understand the reasons for the distress. During this inspection the manager told us they did not currently care for anyone who expressed emotional distress or agitation. However, they were able to demonstrate a robust plan of how they would care for someone exhibiting such distress in the future.
- During the last inspection we found the provider had not consistently protected people from the risks associated with malnutrition. During this inspection we found the risks of malnutrition had been thoroughly assessed and clear care plans were in place for staff to follow when caring for people.

Using medicines safely

At our last inspection we were not assured that all reasonable steps had been taken to ensure the safe management of medicines which placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 safe care and treatment.

During this inspection we found some improvements had been made. However, further improvements were still needed.

- During the last inspection we found people's medicines were not always stored safely. People's topical creams were in their bedrooms and not stored securely. During this inspection we found some people's topical creams and fluid thickeners were still stored in their rooms. We found these were not always stored securely as there were no lockable facilities made available.
- People's prescribed creams and ointments did not have a recorded date of opening. This meant the provider could not consistently monitor people's medicines were in date, which placed people at risk of receiving unsafe medicines.
- The provider had ensured other medicines were stored in a secure room with keypad entry. However, we found keys were left in a medicine trolley. This meant medicines were not always stored securely.
- During the last inspection we found processes were not in place for the timely order and supply of medicines. During this inspection we found the provider had ensured a robust process was in place.

Staffing and recruitment

At our last inspection we were not assured the provider had deployed enough staff to meet people's needs. This was a breach of regulation 18 (1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- During the last inspection people told us there was not enough staff to meet their needs. During this

inspection people told us there were enough staff in the home to care for them. One person told us, "There are enough staff; if I press my buzzer they come quickly." Another person told us, "There's always enough staff to care for me."

- During the inspection we observed enough staff were deployed within the home to meet people's needs. Staff told us there was enough staff on duty each day.
- At the time of the last inspection the provider had a dependency tool to assess the required number of staff needed each day. However, the provider had failed to ensure it was correctly used. During this inspection we saw this tool had been completed accurately and staffing was being provided in line with the assessed need.
- The provider had a recruitment process which involved recruitment checks to ensure prospective staff were suitable to support people. This included the completion of a Disclosure and Barring Service (DBS) check and references . DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- The provider had a system in place to report and analyse incidents and accidents in the home. However, the learning from these investigations was not always shared with staff in a timely manner. For example, one person had been involved in an incident and received an injury. The provider had failed to ensure the learning from the incident was shared with staff to mitigate the risk of reoccurrence. This meant people were at risk of continued harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the home. One person told us, "I feel safe here." Another person told us, "I feel safe here; there are always people around to help."
- Staff we spoke with were aware of the signs of abuse and how to protect people from it. The provider had ensured staff received safeguarding training.

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 requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Most people told us they did not enjoy the food prepared by the home. One person told us, "The food could be improved; it's not very hot, just warmish." Another person said, "We just accept the food." A further person stated, "We could do with more variation with the food." However, one person told us, "The food is not too bad."
- We observed some people's drinks were placed out of reach. For example, one person with poor mobility had been provided with a drink. However, the person was not able to reach the drink as staff had placed it out of reach. This meant people were at increased risk of dehydration.
- People's care records evidenced the provider had assessed people's nutritional and hydration needs and implemented effective care plans. Where needed, people were supported by staff during mealtimes.
- We found the environment during mealtimes did not fully support a good mealtime experience. During the lunchtime meal, there was a television, radio and iPad playing loud music from different sides of the dining room. This meant people with dementia may have found the environment disorientating.

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

- We found the home's physical environment was not always appropriate to the needs of the people living there. We found the Derby unit, had a lack of signage in place to support people to navigate around the home. There were also no personal items outside of people's rooms to help them identify their own rooms. This meant people may have found it challenging to orientate themselves around the home.
- The provider told us they had identified the same issues we found in relation to the need for further adaptation of the Darby unit. The provider had an action plan in place for the redecoration of the Darby unit.
- We found a number of clocks in people's rooms were set to the wrong time, which may have hampered their ability keep track of the time and feel in control of their daily activities. The provider immediately took action to address the problem.

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

- The provider ensured assessments of people's care needs and personal choices were completed. We saw most care plans were updated when needed to reflect people's assessed healthcare needs. This meant people received care that was appropriate and personal to them.
- Staff we spoke with understood people's needs. For example, one member of staff was able to describe a person's care needs and how they were regularly assessed.

Staff support: induction, training, skills and experience

- Staff received appropriate training specific to people's needs. This meant people were cared for by staff who knew how to meet their needs.
- Staff we spoke with felt supported and able to do their job. Staff received supervision where they were able to discuss their role and personal development.
- New staff were required to complete the Care Certificate where appropriate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People and their relatives told us the provider referred people to other agencies where needed. For example, one person's relative told us the provider had arranged for a doctor to see their family member regarding a particular healthcare need.
- People's care records evidenced the provider had worked well with other agencies involved in people's care. For example, we saw one person was referred to a speech and language therapist when a particular concern was identified. Another person was at risk of skin damage. We saw the provider had worked closely with the district nurse to seek appropriate advice and treatment.

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).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- The provider ensured people's care needs were met in line with the principles of the MCA. Where needed, DoLS applications were made and the manager was aware of their associated responsibilities.
- The provider ensured people's mental capacity was regularly assessed where they had reason to doubt a person's capacity. Where decisions were made for people who lacked capacity, these were made in their best interests.
- During our inspection, we observed staff seeking people's consent when delivering care.

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 requires improvement. At this inspection the rating has changed to 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

- All the people we spoke with told us the staff in the home treated them well, with kindness, respect and compassion. One person told us, "Staff are kind here." Another person said, "The carers are all nice."
- People's relatives told us the staff treated people well. One person's relative told us, "[Staff] are all nice, they are all so kind; I couldn't think of anywhere better for [person's relative] to be."
- We observed staff treating people with kindness and compassion throughout our inspection.
- People's personal histories, likes and dislikes were recorded in their care files. Staff we spoke with knew people well. This meant people received care from staff who understood their needs.

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

- People were involved in reviews of their care and were given opportunities to share their views. For example, one person told us, "The staff will ask me about my needs and tell me if they're updating [my care plan]."
- The provider had made information available to people and their families about advocacy services who can provide independent support and advice.
- Staff told us they felt empowered and able to support people in a compassionate and personal way. Staff told us they were not rushed and had enough time to spend with people. This meant people were listened to.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected by staff. One person told us, "[Staff] always respect my dignity, they make sure I'm covered up." Staff explained how they ensured people's dignity was respected. One member of staff said, "I make sure I care for the person in a private space. I ask them what they need support with and do it in the way they wish."
- We saw staff treating people with dignity and respect during our inspection.
- Staff supported people to be as independent as they were able. For example, we observed staff encouraging a person to eat a meal without support. Care records evidenced how staff should promote people's independence where possible.

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 requires improvement. At this inspection the rating has changed to 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

- We reviewed people's care plans and found the provider had ensured they were person centred and guided staff how to meet people's care needs in line with their individual preferences. Care plans contained a 'This is me' document which outlined people's likes, dislikes, personal histories and routines. This meant staff were able to provide personalised care.
- The provider had employed activity coordinators to facilitate meaningful activities with people. We saw a daily activity timetable was on display encompassing a wide range of activities for people to participate in. People told us there were activities taking place in the home daily.

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 had ensured people's communication needs were assessed. We saw communication care plans were in place for people which included guidance for staff to follow to promote effective communication.
- The manager understood their responsibilities under the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy in place facilitating the timely and appropriate response to complaints or concerns.
- People told us they knew who the manager was and how to raise a concern should they need to.
- Staff we spoke with understood how to report concerns about people's care to the manager or provider if they needed to.

End of life care and support

- People and their relatives were asked about their individual wishes regarding end of life care. People's care plans reflected the outcomes of these conversations.

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 inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found there were insufficient and inadequate systems in place to monitor and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

During this inspection we found some improvements had been made however the provider remained in breach of this Regulation.

- During our last inspection we found the provider had failed to ensure effective systems to monitor infection control practices. During this inspection we found these issues remained and the provider had failed to ensure adequate infection control. The provider's last infection control audit, completed shortly before the inspection, rated the infection control standards as 'good'. The audit did not identify the same issues found during this inspection.
- During our last inspection we found the provider had failed to ensure effective systems were in place to monitor the safe use of medicines. During this inspection we found a number of these issues remained and the provider had failed to implement effective systems to safely manage people's medicines. The provider's most recent medicines audit had not identified people's topical creams were incorrectly stored and no date of opening was recorded on these medicines. This meant the provider had missed an opportunity to improve the service for the people living there.
- During the last inspection we found the provider had failed to promote a culture of continuous learning. During this inspection we found the provider had ensured systems were in place to monitor and review incidents and accidents. Staff we spoke with were aware of their responsibilities to report such incidents. However, we found learning from investigations was not always shared. For example, one investigation made a specific recommendation to mitigate risk of reoccurrence. We found the provider had not updated the person's care plan or risk assessment to reflect this change.
- During our last inspection we found governance systems had failed to ensure care plans and risk assessments were up to date, accurate and contained guidance for staff. Care plan audits had not been completed for a number of months. During this inspection we found audits of care plans and risk assessments were completed and up to date. However, audits had not identified the same issues identified during this inspection.

There were insufficient and inadequate systems in place to monitor and improve the quality of the service. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- During our inspection, the provider took immediate steps to address the concerns raised. Following the inspection, the provider continued to work with us and demonstrated the changes made to implement the improvements needed.
- During our last inspection we found there was insufficient oversight to ensure staffing levels were adequate. During this inspection we found improvements had been made and there were sufficient numbers of staff deployed.
- During our last inspection we found the provider had failed to ensure staff had good knowledge of the electronic care records system. During this inspection we found the provider had ensured staff's knowledge of the system was sufficient. Staff we spoke with demonstrated a good understanding of the system and how to use it.

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

- All staff we spoke with told us they felt supported by the manager and the wider management team. Staff told us they knew management well and felt able to approach them should they need to.
- The manager chaired a daily 'huddle' meeting where all heads of department attended. We observed this meeting and found it was effective. We observed key information about people's care was shared effectively between all departments and the manager was able to deliver key messages.
- We were assured the provider and manager understood their responsibilities under the duty of candour, and their associated responsibility to be open and honest with people when care had not gone according to plan. For example, the local authority and CQC had been informed when allegations of abuse had been made involving people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider held meetings with people who used the service. This meant people were able to voice their opinion and offer their views on the service.
- People's relatives told us they felt the staff were communicative. People's relatives told us they felt able to approach the staff to discuss their family member's care and would be listened to.
- The relevant heads of department held regular staff meetings. Staff told us these meetings were productive; they were able to contribute and felt listened to.
- People's care records indicated staff and management had engaged with other health professionals to ensure people's care needs were monitored and met.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment We found no evidence that people had been harmed however, the provider had not taken reasonable steps to protect people from the risk of infections. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance There were insufficient and inadequate systems in place to monitor and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.