

Neath Hill Care Centre Limited

Neath Hill Care Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Neath Hill Care Home is a residential care home that can provide personal care for up to 47 people some of whom have dementia care needs. At the time of the inspection, 44 people were living at the service.

People's experience of using this service:

People continued to receive safe care, and staff we spoke with understood safeguarding procedures and how to raise concerns.

Risk assessments were in place to manage risks within people's lives.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.

Medicines were stored and administered safely.

Staffing support matched the level of assessed needs within the service during our inspection.

Staff were trained to support people effectively.

Staff were supervised well and felt confident in their roles.

People told us they enjoyed the food prepared for them, and food and fluid intake was monitored as required.

People's health care needs were met, and they had access to health professionals as required.

People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives.

Staff treated people with kindness, dignity and respect and spent time getting to know them.

People were supported in the least restrictive way possible.

Care plans reflected people likes, dislikes and preferences.

An activities programme was in place. Some people felt this could be improved upon to add more activities during the weekend.

People and their family were involved in their own care planning as much as was possible.

A complaints system was in place and was used effectively.

The manager was open and honest, and worked in partnership with outside agencies to improve people's support when required

Audits of the service were detailed and any issues found were addressed promptly.

The service had a registered manager in place, and staff felt well supported by them.

Rating at last inspection: Good (report published 01/03/2017)

Why we inspected

This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-

inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Neath Hill 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 Care Act 2014.

Inspection team

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

Service and service type

Neath Hill 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 we looked at both during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

When planning our inspection, we looked at the information we held about the service, which included any notifications that the provider is required to send us by law. We also reviewed the information the provider had sent to us in the provider information return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people using the service to gain their views about the care they received. We spoke

with three care staff, the chef, a visiting nurse and the registered manager. We reviewed the care plans and other associated records for three people using the service. We looked at other records in relation to the management of the service, these included three staff recruitment files, staff training records, key policies and procedures and quality assurance systems and processes.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "I do feel safe, because the people are so friendly here, there is nothing to be afraid of." Another person said, "Its lovely here, I have a bell in case I need to ring for help, I haven't rung it yet, if my doors open there is always someone who walks past anyway."
- Staff had completed safeguarding training. Staff told us they knew how to report any concerns and were confident these would be properly dealt with by the registered manager.

Assessing risk, safety monitoring and management

- Risks were assessed and monitored to keep people safe. We found some floor sensors that were in place to alert staff if a person had got out of bed, were either not working or not switched on correctly. We raised this with the registered manager who ensured the problem was rectified immediately. Regular checks took place on any equipment in use for people's safety.
- Risk assessments were completed to identify risks to people's health and safety such as their risk of falls or risk of choking. Staff reviewed the risk assessments regularly and as required, and put actions in place to reduce these risks.

Staffing and recruitment

- Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles. This included Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.
- There were enough staff on site to keep people safe, and feedback we got from people was that staffing levels were consistent.

Using medicines safely

- People continued to receive their medicines safely. Medicines were administered by staff that were trained to do so. Medicines were stored securely, and medication administration records in use were accurate, and regularly checked for any mistakes. People we spoke with were happy that they received their medicine on time, and as they wanted.
- Where people were prescribed medicines to take 'as and when required' there was sufficient detail to guide staff on when to administer them safely and consistently.

Preventing and controlling infection

- The service was clean and tidy, and good hygiene practices were observed throughout the service. One person told us, "The maintenance is highly efficient, the environment is spotless and well maintained."
- The kitchen area in the service where all food was prepared and served, had been awarded a five star rating for food hygiene practices by the local authority.

Learning lessons when things go wrong

- Staff responded to accidents and incidents, and learning was shared to reduce the chance of issues recurring. We saw a clear record was kept when incidents occurred, and investigations took place to ensure lessons were learnt.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed to ensure the service was able to meet their needs. Relatives had been involved in the assessment process, which helped to support a person-centred approach to care planning.
- People's cultural needs were identified so staff could meet these. Where necessary assessments gave a brief overview of a person's religion or beliefs so staff understood what it meant to them.

Staff support: induction, training, skills and experience

- Staff told us, and records showed, they were provided with induction training. Staff demonstrated an in-depth knowledge of the needs of people using the service.
- Staff said they felt supported in their roles. They said the registered manager was approachable and offered guidance whenever needed.
- Ongoing training was available for staff continuous learning and refresher training.

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

- People told us they enjoyed the food on offer. One person told us, "The food is great we get just what we ask for, they never disappoint, it's like what you would have at home." Another person said, "There is always plenty to eat and drink, cups of tea as well, you won't go hungry here." One person told us they would not eat pork due to their religious and cultural background. They told us, "They [staff] are considerate of my wishes, I always get the right food."
- We saw a variety of fresh food was being prepared by the chef, and choices were always offered to people.
- Monitoring of food and fluid intake was carried out when required, and people's dietary preferences and requirements were provided for.

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

- People told us they received the health care support they needed. One person said, "I have my feet done, I think the doctor comes here, I have seen nurses come."
- People's care plans included information on their health and social care needs.
- Records confirmed that people saw medical professionals as required, this included podiatrists, social workers, nurses and doctors.
- Staff were vigilant about any changes to people's health and wellbeing and ensured people received

timely support from health professionals.

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

- People's rooms were personalised and contained furniture and other items that belonged to them.
- Communal areas were welcoming, and encouraged people to socialise. A garden area was available which was accessible to people with mobility issues.
- An ongoing programme of refurbishment was in place. We saw that one communal area had recently been changed and decorated to look like a café, with facilities and décor in a café theme.

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 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff assumed people had the capacity to make decisions, unless they had been assessed otherwise.
- Some people using the service lacked capacity to consent to care and treatment. There was evidence of mental capacity assessments, when needed, and their outcomes. Best Interest meetings had been held and the right people had been involved. Processes were clearly documented.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff treated them with kindness and respect. One person said, "They [staff] are very kind to me, I love a laugh and a joke with them, I don't have any complaints, we all get on very well and they are very respectful towards me. You just have to ask and they will do anything for you." Another person said, "They [staff] are caring people. I have been here a long time, they have never been any different. I don't think I would have lasted this long if I hadn't been looked after."
- We observed staff interacting with people in a warm and friendly manner. It was clear that staff knew people well, and understood their needs. One staff member said, "We all care a lot, the team are passionate about it."

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

- People were involved in planning and reviewing their own care when possible. One person told us, "The staff will ask me if I am ok and happy with everything, they take time to ask me, they really care."
- Staff used a personalised approach to providing care and support for people using the service.
- A 'resident of the day' scheme was in place. This involved a focus on reviewing one person's care on a particular day, speaking with their family members, checking care plans, and ensuring the person's room and belongings were in order and as they wished. This ensured that each individual's care was looked at and changes made when required.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with felt their privacy was respected, and their independence was promoted. One person told us, "People [staff] are very nice they look after me very well, they respect me, they knock on my door before they come in, even if its opened, I don't think I would want to live anywhere else".
- We observed staff treating people with dignity and respect. During the lunch period, one staff member discreetly said to a person, "Would you like this apron over you? So you don't spoil your clothes."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- Staff delivered personalised care that met people's needs. One person told us, "I love to paint, [registered managers name] helps me a lot. I get to go out all the time, I help do the shopping for the whole service. I'd like my piano from home, and we are looking in to getting it here."
- Staff, and the registered manager understood people's preferences, likes and dislikes. The registered manager told us that one person was encouraged to help do jobs around the service such as laundry and answering the phone within the office, as it gave them a sense of purpose and reduced their anxieties about being in care.
- A programme of activities was in place for groups of people and on a one to one basis for those who could not join in with groups. People told us they enjoyed the activities, although felt that more could be put on during the weekend, and that staff were sometimes rushed and could not chat with them as much as they wanted to. The registered manager told us they were working with volunteers to help address this issue.
- Care plans we looked at were personalised and contained information about people's personal and family history.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Easy read documentation was made available for information on safeguarding adults and keeping people safe. Pictorial menus were also used to support people's choices with food.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that management had acted to investigate previous complaints and had resolved any concerns.
- Information on how to make a complaint was displayed in communal areas for people to read.

End of life care and support

- No end of life care was being delivered at the time of inspection.

- The service did have advance care plans in place and discussed individual end of life choices with people and families. This included Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) assessments for those people that wanted them in place.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

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

- People and relatives all felt the service was open, honest, and well run. We observed visiting relatives were approaching management staff within the office and appeared comfortable to do so. There was a good rapport between management, staff and the people using the service. The registered manager had an excellent knowledge of the people within the home, and people regularly approached them to chat and ask questions.
- The management team and staff were enthusiastic and committed to further improving the service for the benefit of people using it.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager maintained records of accidents and incidents, and responded to complaints appropriately. Information and learning was shared with staff to reduce the likelihood of recurrence.
- The registered manager understood information sharing requirements. We saw information was correctly shared with other agencies, for example, when the service had identified concerns.

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

- Staff were clear about their responsibilities and the leadership structure in place. People said they knew who the registered manager was and staff told us they felt well supported by the registered manager. One staff member said, "The registered manager is marvellous, he helps out a lot, cleans and everything, he is a good role model to us and it motivates the team."
- The registered manager was aware of their regulatory requirements and notified Care Quality Commission (CQC) and other agencies of any incidents which took place at the home as required.

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

- Staff were supported to share their views about people's care directly with the registered manager and in staff meetings. They told us they felt comfortable to share ideas to further improve the service and address any issues.
- Surveys were also sent out to people, staff and relatives, which asked for feedback on the quality of care

being received, and if any changes were required.

Continuous learning and improving care

- There were effective systems in place to monitor the quality of the service. Comprehensive audits were undertaken by management, and the systems in place to monitor the standards and quality of the service were being managed effectively.
- We saw that all aspects of the service were looked at, including health and safety, maintenance, and medication administration records. We saw that when errors were discovered, improvements were actioned.

Working in partnership with others

- The service supported people to engage with outside agencies regularly. This included a variety of health and social care professionals that were involved in people's ongoing care and support.
- The registered manager told us they had a good relationship with the local authority, who also conducted quality checks on the service that people were receiving. We received positive feedback about the service from the local authority, who fund a number of people's care within the service.