Care Quality Commission

Dr B A Odedra

Neville House Residential Home

Inspection report

Neville Street
Chadderton
Oldham
Greater Manchester
OL9 6LD

Tel: 01616275874

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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

This inspection took place on 11 September 2018.

At our last inspection in March 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Neville House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. We regulate both the premises and the care provided, and both were looked at during this inspection.

Neville House is located in Chadderton, Oldham. The home provides care and accommodation for up to 22 older people. Bedrooms are situated on the ground floor and first floor of the home. Access between floors is via a passenger lift and staircase. The building is situated in its own grounds with gardens and off-road parking. At the time of our inspection 20 people were living at Neville House Residential Care Home.

There was a registered manager in place. 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.

We made an recommendation that the service refer to the latest best practice in supporting people with their sensory needs.

We made a recommendation that the service refer to the latest best practice in relation to activities in order to provide more stimulation for people.

Staff knew people's care needs, preferences, personal histories and backgrounds. People said staff protected their privacy and their dignity was respected. People were supported to be independent.

People said staff treated them with kindness and compassion. Comments included, "I am happy and like living here. Everyone is kind. It is a friendly, homely place," and "[Registered manager] is very approachable, good and caring."

People received care from staff who were appropriately trained to effectively carry out their job roles. People were supported to have maximum choice and control of their lives. The service acted in accordance with the Mental Capacity Act (2005).

People's nutritional needs were met and they were supported to maintain good health and receive ongoing

healthcare support.

Staff were aware of their responsibilities to safeguard people from abuse. Safe recruitment practices were in place and the service followed national and local safeguarding guidance.

There were sufficient staff to care for people. Risks to people's safety were assessed and medicines were administered safely.

We found records were written in a positive and respectful way and provided appropriate guidance on how to support people safely.

Neville House had arrangements in place to receive feedback from people that used the service, their relatives, external stakeholders and staff members about the services provided. This information was used to support continuous improvement.

Effective quality assurance audits were in place to monitor the service. The service regularly sought feedback from the people who lived there and their relatives. Staff had regular supervisions and were invited to team meetings.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

CareQuality Commission

Neville House Residential 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.

This unannounced inspection was conducted by one adult social care inspector and an expert by experience on 11 September 2018. An expert by experience is a person who has experience of caring for older people. An Inspection Manager from the CQC also attended to observe the inspection as part of CQC's quality assurance procedures.

Before this inspection, we reviewed notifications that we had received from and about the service. A notification is information about important events which the provider is required to tell us about by law. We reviewed the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, and tells us what the service does well and the improvements they plan to make. We used this information to help plan the inspection. We also checked with the local authority commissioning and safeguarding teams. They informed us that they did not have any concerns about Neville House and were satisfied with the level of care provided.

During the inspection we spoke with nine people who used the service, four relatives, the registered manager, the cook and seven care staff members. We also spoke with two health and social care professionals that visited the service during the inspection.

We observed interactions between staff and the people living at the service. We reviewed care records and risk management plans for four people who lived at the service, and checked other records relating to people's support plans which included medicines administration records to ensure these were accurate and completed correctly. We looked at a range of staff files and the training records for all the staff employed at

the service to ensure that staff training was up to date. We also reviewed additional information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People told us they felt safe living at Neville House. Comments included; "Members of staff ensure that I am safe, but allow me to be independent."; "There is good security here. The doors are locked, no one can come in without being met at the front door. It makes me feel safe" and "I feel safe and I can trust the staff to do the right thing."

Staff were trained in safeguarding procedures and knew what to do if they had concerns about a person's safety and welfare. The service had a robust safeguarding policy in place and had a system for passing concerns to the local authority.

The service carried out environmental safety checks of the fire safety equipment, fire alarms, electrical appliances, hoists and passenger lift. First floor windows had restrictors in line with guidance for this type of care setting.. Each person had a personal evacuation plan so staff knew how to support people to evacuate the premises in the event of an emergency. The staff were trained in fire safety and the alarms and emergency lighting were tested as required. There were contingency plans in place in the event of a fire or need to evacuate the premises. Hot water temperature checks were completed to reduce the risk of scalds and maintenance completed water checks to minimise risks associated with legionella.

Each person's care records included risk assessments and care plans to mitigate these risks. These included the risks of falls to people and moving and handling assessments with guidance on how staff supported people to mobilise safely. Care records showed risks regarding pressure areas to people's skin were assessed thoroughly. Specialist equipment was provided, where needed, such as air flow mattresses and pressure mats to alert staff should someone get out of bed and require support.

Risks of choking on food where people had difficulties swallowing were assessed and referrals made to the speech and language therapist (SALT) for assessment and advice. There was a care plan for managing these risks and we saw the cook followed procedures to ensure people received modified diets where this was needed.

Where accidents or incidents had occurred, there was an evaluation review and an action plan implemented to reduce the risk of a reoccurrence. The service also referred all accidents to the local authority for monitoring purposes.

The service provided sufficient staff to meet people's needs. We based this judgement on our observations and what people and their relatives told us. Staff also said there was enough staff to meet people's needs. The staff rota showed at least four care staff on duty during the day plus the registered manager. Night time staff consisted of two waking night staff. The registered manager was on call 24 hours to support staff. The service also employed two cooks and a housekeeper.

Medicines were safely managed. Records and medicines stocks showed medicines were administered to people as prescribed. Medicines were safely stored and the temperature of the medicines storage room and

fridge monitored.

The home was clean and hygienic. There were no offensive odours. Staff wore protective aprons and gloves to control the risk of infection. People told us the home was kept clean and hygienic. The service had an infection control audit carried out by the local authority in March 2016 and received good feedback.

Good

Is the service effective?

Our findings

The service continued to provide effective care to people. People said they felt supported by staff who understood their needs. One person told us, " The staff helped me to settle, they always ask for my permission. I'm quite happy with everything and I like the environment." People looked comfortable and at ease with staff and each other.

The home's environment consisted of a large lounge area and a dining room. We noted that the service seemed short of storage space and that the laundry facilities were small. The registered manager told us, "We hope to extend the home again which would provide us with more storage and laundry space. We are also updating the bathrooms and toilets very soon to improve the facilities at the home."

Many people living at the home were able to make decisions about their own care and support. Where decisions were made on behalf of people who were unable to give their consent, mental capacity assessments had been carried out in accordance with the Mental Capacity Act 2005 (MCA). The 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).

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 were being met. Applications for DoLS were made where appropriate. Staff were trained in the MCA and had a good awareness of the legislation. People told us staff asked for their consent before providing care.

All staff we spoke with told us they were provided with training that enabled them to do their job and meet people's needs and we saw training records that showed staff engaged in a range of learning opportunities.

Newly appointed staff received an induction to prepare them for their job and this involved an assessment of their competency to work effectively and safely with people.

Staff told us they felt well supported and we saw that staff had regular supervisions and were invited to team meetings.

People told us they liked the food and that there was a choice. One person told us, "There is plenty to eat and drink here and there are flexible times if we're not feeling well." People's nutritional needs were assessed. People were asked what they wanted to eat daily. The cook had worked at Neville House for many years and knew people well, ensuring people with dietary needs received the correct meals. Meals were

home cooked and fresh fruit and vegetables were provided. Snacks were made available day and night.

People told us that their health needs were met by the service. One person said, "They [care staff] will call for the GP. I also have seen the optician and podiatrist whilst I have been here." A health and social care professional told us, "Any advice I give is followed and staff monitor people's needs well."

Good

Is the service caring?

Our findings

People and their relatives commented on the kindness and compassion of the staff. For example, when we asked one person if they got on well with the staff they replied, " The best thing about this place is that if you need support, someone is there for you. " A relative told us, "They really care for mum. We are very satisfied with the care here." Another relative said, "Everything is satisfactory. The staff are kind and caring and they do seem to listen."

We observed staff speaking to people kindly and with respect. Staff knocked on people's bedroom doors and waited for a response before entering, which promoted people's privacy. One person said, "They respect me, for example, they always close the door if I am in the bath or shower."

Staff were aware of the need to treat people equally irrespective of age or disability or race. Staff had attended training in equality, diversity and inclusion.

A relative said they were always made welcome, "I am always made to feel welcome when I visit." We saw staff welcome visitors into the home. We observed visitors came and went as they liked.

One person told us, "I'm quite independent. I wash, dress, toilet, and shower myself." A health and social care professional said, "The staff don't rush people and they encourage them to be independent where they can."

Care plans showed people were involved in decisions about their care. People said they were able to exercise choice in how they spent their time, in the meals they ate and the times they received personal care. The registered manager told us, "Some people who like to sleep in each morning, we respect people's choices and they can get up and go to bed when they like."

We saw people were well presented and dressed appropriately for the weather and looked well cared for. This showed that staff were attentive to people's needs and preferences.

Bedrooms were individually decorated and contained people's own personal possessions such as family photographs. Some people chose to spend time in their rooms, but were invited to join any activities or events that were happening.

We saw that staff knew people well. People's known communication methods were used to determine what it was people wanted but we also saw that where people did not communicate verbally staff appeared to know what the person wanted or waited for a response from the person to see their reaction. We saw a care plan that explained that staff should observe body language and other cues to determine a person's mood. This helped ensure that people received the care they wanted.

During the inspection, one person became agitated and upset. We observed staff supporting this person with patience, whilst redirecting them and offering reassurance.

All the records we asked to look at were stored securely. Staff received training in information management and confidentiality which ensured information would only be shared with people who needed to know people's personal details.

Good

Is the service responsive?

Our findings

Care records showed people's needs were assessed prior to being admitted to the home. Care plans reflected individual needs and how people preferred to receive support from staff. Care plans showed attention to detail regarding personal care such as oral health care and people's needs at night. Each person had a care record which had details of their preferred routines, preferences and life history. People said they were involved in decisions about their care which were included in their records.

Neville House used a digital care management system which enabled staff to access live and detailed information about each person. Care plans, medical information, monitoring charts and risk assessments were available to staff and could be updated daily.

There was an activities programme which included quizzes, crafts, bingo, exercises, and musical entertainment. One person said, "I like the exercises. I can do them in my chair." Many people confirmed they liked the activities on offer, however, some people thought there was not enough to keep them occupied. One person told us, "There are not many activities here, so it's important for me to keep doing crosswords and word searches." The registered manager told us, "We are hoping to recruit an activities coordinator as we realise that activities are one of the areas we can certainly improve." We observed that there was a lack of purposeful activities such as resident's setting the table or folding linen.

We made a recommendation that the service refer to the latest best practice in relation to activities in order to provide more stimulation for people.

One person told us that they sometimes feel excluded from activities due to their sensory loss. The registered manager told us, "We are going to be fitting a surround sound system and projector in the lounge to help people with sensory impairment and I am hoping to incorporate a small quiet area in the planned extension."

We made a recommendation that the service refer to the latest best practice in supporting people with their sensory needs.

The service welcomed a local minister who visited regularly to meet with people wishing to have holy communion and several people at the service regularly attended church. This showed that the service was committed to supporting people with their spiritual needs.

A complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. The service had not received any formal complaints since the last inspection. However, the service had received a concern in 2017 from a relative relating to the care provided to their loved one at a time they were ill. We explored this concern with the registered manager who told us that the concern had been investigated and the service had found that a delay in starting a new medicine was due to delayed delivery from the pharmacist. We were satisfied that staff at the service escalated care for people where

required. A visiting health and social care professional told us, "The staff seek medical advice promptly in my experience."

We looked at how the service was meeting the requirements of the Accessible Information Standard (AIS) as required by the Health and Social Care Act 2012. This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. People's communication needs were assessed and care plans included details about these needs. The service were able to provide information for people in an easier to read format, different languages or braille if required.

The service helped people and their families to explore and record their wishes about care at the end of their life. The registered manager said their aim was always for people to have a death free from fear and pain. They explained how this was achieved, including practical steps, such as the provider buying equipment quickly to respond to people's changing needs, for example an adaptable bed with a specialist mattress. Staff were training in the six steps program so they were prepared to support people at this difficult time, with the support of the local district nursing team.

Good

Is the service well-led?

Our findings

The 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. 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.

Neville House had a manager that had registered with the CQC in October 2010.

The service had a positive and inclusive culture. People and visitors said they felt, "Very welcome." The management team encouraged feedback, led by example and were accessible to both people using the service and staff. The home was transparent and open with good communication in place and information about the service was accessible. People living, working and visiting the service confirmed this in their feedback. The registered manager was held in high regard by people living at the home, relatives and staff. One member of staff told us, "The registered manager has been very supportive both on a professional and personal level, I am able to work flexibly to suit my family commitments."

Visitors commented on the registered manager describing them as, "A very hands on manager who is often seen around the home keeping up to date with what is happening." Staff praised the registered manager for enabling them to develop their skills and confidence; One staff member told us they loved working at the home because they had been supported by the registered manager and staff to gain confidence. The service supported staff to train to obtain their Qualifications and Credit Framework (QCF) in Health and Social Care, encouraging them to go beyond the standard care requirements.

Staff met with the registered manager if they required support or to discuss important issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

We looked at some key policies and procedures including, for example, infection control, health and safety, complaints, medicines administration, safeguarding, whistleblowing and reporting falls. We saw the policies and procedures were updated and available for staff to follow good practice.

Incidents and accidents were investigated accordingly. These systems had recently improved to include an analysis of events that could be used as an opportunity for learning and preventing further incidents from occurring.

The law requires that providers of care services send notifications of changes, events or incidents that occur within their services to the Care Quality Commission. We checked and found that since our last visit we had received appropriate notifications from the service.

Meetings were held for people who used the service/families. We saw that issues such as; meals, events and future plans were discussed. The registered manager explained that she regularly spoke with family

members when they visited their relatives and was in touch with some families by email.
We saw spot checks and direct observations were carried out with staff to ensure that standards of care were maintained. We looked at a sample of these and determined they were carried out regularly and where issues were noted, staff discussed these with their manager or attended additional training. Any action taken regarding staff performance issues was also recorded. One staff member said, "We work closely with the registered manager and have regular official observations to make sure that we are doing things right."

We saw that records at the service were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's confidentiality.

From 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. During this inspection we saw that the rating from our last inspection was clearly displayed in the reception area.