

Mrs Wendy Prince-Brown

# Nevin House

## Inspection report

Nevin House, 21 Nevin Grove  
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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

Nevin House is a residential care home providing personal care to three people who may have a Learning Disability or Autism at the time of the inspection. The service can support up to three people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the provider at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

People were supported by staff who were kind and caring, often going above and beyond their role to support people. This achieved positive outcomes for people. People were supported with their communication to enable them to express choices and be involved in their care. People's independence was encouraged and maintained where possible.

People and staff spoke positively about the management and told us the service was well led. There was a family atmosphere that promoted positive outcomes for people. People were actively supported to provide feedback and their thoughts and opinions were at the heart of the service. There was a commitment to learning and improving care through monitoring of the service.

People were kept safe by staff who knew how to report concerns of abuse and manage risks to people's safety. There were sufficient numbers of staff to support people. Medicines were managed safely and there were effective infection control practices in place.

People were supported by staff who knew their likes, dislikes and preferences. People had access to activities that met their interests and there was a complaints process in place if people wished to complain.

People were supported by staff who had received training relevant to their role. People's dietary needs were met and they had access to healthcare services where required. The design and décor of the service met people's needs. 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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 17 March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# Nevin House

## 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.

#### Service and service type

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

#### 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with one person who used the service about their experience of the care provided. We spoke with two members of staff and the provider who is also the manager.

We reviewed a range of records. This included three 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 policies and procedures were reviewed.

After the inspection –

We spoke with one relative on the telephone about their experience of the care provided.

# 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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe as staff knew how to identify and report concerns of abuse. One member of staff told us, "I would go to my senior or the [provider]. I know I can also go to CQC."
- Although they had not needed to refer any concerns, the provider understood their responsibilities in relation to safeguarding people and could explain the procedure they would follow to report concerns if required.

Assessing risk, safety monitoring and management

- Risks to people's safety was well managed by staff. For example, where people could display behaviours that challenge, positive behaviour support plans were in place that identified triggers to people's distress and how staff should respond to this. Staff we spoke with displayed an in-depth knowledge of triggers to behaviour and how they should support people where they are distressed. Staff understanding of the trigger's to people's challenging behaviour meant that people's distress could be reduced.
- The provider had ensured the safety of the environment and had ensured that all equipment; included the fire equipment was serviced and maintained.

Staffing and recruitment

- Staff had been recruited safely. Staff confirmed that prior to starting work, they had been required to provide references from previous employers as well as completing a Disclosure and Barring Service check.
- There were enough staff to support people who were supported in a timely way. One person told us, "Staff are always here and come if I need them".

Using medicines safely

- People were supported to take their medicines by staff who had been trained to give medicines safely.
- Medicines had been stored safely and medicine administration records viewed indicated that people were given their medicine as prescribed.

Preventing and controlling infection

- There were effective systems to prevent the spread of infection. The home was clean, tidy and odourless. Staff had access to and used personal protective equipment where needed.

Learning lessons when things go wrong

- The provider displayed a commitment to learning where things had gone wrong. Although no accidents or incidents had occurred, the provider had systems to record any incidents and learn from these to prevent

future incidents.



# 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. 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

- The provider had assessed people's needs to ensure they could support them effectively. Assessments of need were reviewed regularly and included any protected characteristics under the Equality Act such as religious needs or sexuality.

Staff support: induction, training, skills and experience

- Staff received an induction when they started work that included shadowing a more experienced member of staff and completing the Care Certificate. The Care Certificate is an identified set of standards that care workers must adhere to.
- Staff spoke positively about the training they received. One member of staff told us, "Our training always runs over time as it goes into so much detail. It's very informative." Staff confirmed that their training was updated where needed and they had opportunity to request additional training if they wished.

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

- People were pleased with the food and drink they were provided with. One person told us, "The food is alright. We do a menu and then I pick what I want."
- People were supported to have choice and control over their meals. People were supported to devise their own menus on a weekly basis and with meal preparation. Staff were aware of people's cultural requirements with their meals and ensured these were respected.
- People accessed the kitchen area freely to help themselves to drinks and snacks throughout the day.

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

- The décor of the service met people's needs. The living area was spacious and people had adequate, accessible outside space if they wished to go outdoors. People's rooms had been decorated with items and wall art of personal significance to them.

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

- People and relatives told us they were supported to access services including opticians, dentists and annual health checks with their GP.. A relative told us, "They [staff] make sure he attends all of his appointments and then let me know how it went."
- People were

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.

- People confirmed that staff always asked their permission before providing their support and staff members spoken with understood the importance of seeking consent. One staff member told us, "We do ask, but even [person] who is non-verbal, he will physically show you if he consents, for example by taking the glass from me when I offer medication."
- Records showed that people's capacity to make specific decisions had been assessed in line with the MCA.

# 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.

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

- People and their relatives spoke about staff in a positive way, crediting their caring approach with improving people's quality of life. One relative told us, "[Person] has changed for the better since being there. He is more responsive, understands more, he communicates more. He's calm, collected and much more independent. It's such an improvement." We heard about how this person had moved into the service with health problems and difficulty communicating. Through staff working with the person, they had improved their health through smoking cessation, and could now communicate with confidence. Staff had been proactive in supporting this person to make positive lifestyle choices and four members of staff had joined them in quitting smoking so that the person had peers to motivate and support him in making the change. This had significant health benefits to the person who has since seen a reduction in their medication as a result improved health.
- Staff consistently went 'above and beyond' the scope of their role to support people. A member of staff was part of a local football team and would take one person to watch them play every Sunday. This was not during the staff member's working time, and the staff member voluntarily took the person to football with them. The staff member told us, "[Person] would always ask me how football went and one day asked if they could come. It was in my own time, but I took them and they loved it and it's just become a thing from there. It is a small thing for me to take him as I am going there anyway, but to [person] it is a massive thing and he loves it so I don't mind." Staff, with the provider, had purchased the person a tent so that they could continue to watch the football even if it rained.
- Staff spoke positively about people they supported and told us they did not consider their role to be work. This was evidenced through staff practice. One person told us about a holiday they had taken to Cornwall over Christmas. Staff had volunteered their time to take the person on holiday over the Christmas and New Year period as they did not have family to spend the day with. One member of staff told us, "We took them away to a cottage. It was nice all being together at Christmas and cooking Christmas dinner together. It was nice to go and we enjoyed it." Staff who went on the trip told us how they were happy to volunteer their time to go on the trip. One staff member said, "I like spending time with [people], they are my mates." The provider informed us that they had purchased a caravan in Wales for people to spend time in as they chose. They told us that they regularly took people there at the weekend for a break. The manager told us, "It's our family holiday. I take them. They are my family, how could I not take them with me. Everyone knows them on the holiday camp".
- Relatives spoken with expressed how care staff had not only supported the person, but their wider family. The relative said, "They haven't just helped [person], it's my whole family they have supported. They have taken the pressure off us. I am proud of the way he is now." The relative explained how staff had supported the person to maintain relationships with the family by supporting them to visit family at home.

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

- People were active partners in their care and were supported to be involved in making decisions around their care. For one person, this had meant staff supporting them to develop their communication skills. This person was supported to learn elements of Makaton to support them in communicating their needs. A relative of this person told us, "I am so happy with the work they have done. I couldn't have sat and talked with [person] before and now he has completely changed. He will sit and talk to you, he is calmer, more talkative." We spent time with this person and saw that staff communicated effectively with them and the person's ability to communicate improved when supported by staff.
- Staff were pro-active in ensuring that people were able to express their choices in a way they were most comfortable. One staff member told us, "We still ask, even if they are non-verbal. We look at their facial expressions and body language. [Person] uses Makaton so we got trained in this to help us understand what he wanted."
- Although people's communication was limited, they continued to be supported to take part in participation meetings where they could plan their own menus and activities.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. One person had previously been able to access the community independently, however due to increased health needs, they could no longer do this as they would be unsafe crossing roads. The provider was proactive in ensuring that the person could maintain a level of independence and had mapped routes that the person would be able to take that would mean they could still access places such as the local shops without crossing roads. This meant the person was still able to go out independently if they wished.
- One person, had previously been unable to access kitchens as their main carers considered this to be unsafe. The provider had taken a positive approach to risk taking and supported the person to increase their independence and go into the kitchen to help themselves to food and drinks when they wished. This had significant health benefits for the person who saw an increase in their weight which was now considered a healthy weight and no longer required medication to support their nutrition.

# 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. 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

- People told us that staff knew them well. One relative told us, "Yes staff know [person] very well. They are good with him." Staff we spoke with had worked at the service for a number of years and told us they knew people well as a result of this. Staff demonstrated an in-depth knowledge of people's likes, dislikes and preferences with regards to their care.
- Records held personalised information about how people like to receive their support; including how they liked their hot drinks, whether they preferred a bath or shower and their preferred routines.

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.

- Although no-one in the service had a sensory impairment, the provider had considered people's communication needs and supported people to maintain and improve their communication skills where able.

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

- People were supported to access activities that interested them. In addition to visiting a local day centre, people were supported to go shopping, to football matches and on holiday. One person told us, "I have been away in a caravan."
- People were supported to maintain relationships with those important to them. One relative told us, "I can visit anytime I like. Before he used to visit us and he would want to stay home with us but now he is more than happy to go back."

Improving care quality in response to complaints or concerns

- People knew how to complain if needed. One person told us, "If I had a problem, I would tell [deputy manager]. They would help me."
- Although no complaints had been made, the provider had systems in place to ensure that complaints made would be investigated and resolved.

End of life care and support

- Although the service does not currently support people who require end of life care, the provider had explored people's preferences or wishes should they pass. For example, people's records held information on where they would like to spend their final days, if they wished to consider organ donation and any specific funeral arrangements.

# 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 Requires Improvement. At this inspection this key question has now improved to Good.

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

- The provider had supported and developed a culture that put people at the heart of the service. People, relatives and staff consistently referred to each other as 'family' and it was clear from interactions seen that people felt incredibly close to the staff supporting them. These relationships have had positive outcomes for people. For example, one person has seen improved health, increased communication and increased independence as a result of the support given to them by staff. Relatives of this person credit the management of the service for supporting this change. The relative said, "I am very happy and proud of the work they have done with [person], they have managed him so well. Who he is now to who he was is a completely different person." A staff member added, "The good part of the job has been seeing the change in [person]. I can't begin to explain the improvements."
- Staff morale was high and staff visibly took pride in their work. Staff consistently talked about a high level of support from the provider. One staff member told us, "I could go to [provider] about anything at all." Staff consistently volunteered to take people on holiday or visit people and take them out during their days off. This was not enforced by the provider, but a product of the family orientated approach in which staff member's considered people to be part of their family and not a 'workplace'.
- The provider demonstrated a high standard of care and spoke passionately about ensuring people remained empowered and independent. Comments from the provider included, "I have high standards and I won't accept poor care" and "I know people wanted me to lock the kitchen when [person] moved in, but I said no. No way am I locking someone out of their own kitchen, this is their home". This approach to care had resulted in positive outcomes for people who were now becoming more independent and living healthier lives.

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 provider understood the duty of candour and expressed a commitment to being open and honest when things go wrong. Although no incidents had occurred and no complaints received, the provider could explain how they would address any issues to ensure people's safety.

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

- The provider had clear structures in place in which staff were clear on their role and responsibilities. Staff were long standing, with some working their way from apprentices to management. This ensured consistency for the people they supported and helped embed the 'family' atmosphere at the service. The

provider had supported some people at the service for in excess of 20 years. When recruiting for staff, the provider not only looked at qualifications and experience, but considered how well potential employees would fit in with people they support. The provider informed us she would not allow people to be supported by staff who they did not gel with. Staff understood their role and went above and beyond their job roles to improve outcomes for people.

- There were systems in place to monitor quality at the service. This included regular monitoring of care plans, medication and infection control. Where areas for improvement were identified, these were acted upon. Staff were engaged in monitoring quality and felt able to raise issues or share ideas where they felt improvements could be made. One member of staff told us, "I know things are acted on. [Provider] is the type to do things straightaway."

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

- People were considered active partners in their care and encouraged to engage and provide feedback. Participation meetings took place regularly so that people could sit with staff and agree on different aspects of the service, from meals to activities. In addition to this, people also were given opportunity to provide written feedback in surveys. These surveys were provided in pictorial format to aid people's ability to engage in the process and we saw that feedback received had been positive, with smiley face boxes being ticked for every question.

- The provider considered people's thoughts and opinions in all aspects of the service. For example, when the provider began looking for new people to move into the home following a bereavement in the service, they did so with the engagement of people and a consideration to who people may want to live with before making the decision. The provider focussed on finding a new person who the current people would be comfortable with and could befriend. This had worked well and we saw the positive, friendly dynamics between people living at the service. The provider said, "It helped [person] no end. He is like a breath of fresh air in this home. [Person] is laughing again".

Continuous learning and improving care / Working in partnership with others

- The provider had taken responsibility for their own learning and gained qualifications in providing care training. This meant that staff had access to training support as and when required. The provider had expanded this to support the management team to also become care trainers.